

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 10-675)

SERIAL N.

FILING DATE

00-1807499

CLAIMS

N.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1							
2							1					
3							1					
4							1					
5							1					
6							1					
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43							1					
44							1					
45							1					
46							1					
47							1					
48							1					
49							1					
50							1					
TOTAL IND.			2		2							
TOTAL DEP.			34		34							
TOTAL CLAIMS			36		36							

BEST AVAILABLE COPY

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